

(12) PATENT APPLICATION
(19) AUSTRALIAN PATENT OFFICE

(11) Application No. AU 199935034 A1

(54) Title
Vessel isolating retractor cannula and method

(51)⁶ International Patent Classification(s)
A61B 019/00

(21) Application No: 199935034

(22) Application Date: 1999.06.15

(30) Priority Data

(31) Number
09102723

(32) Date
1998.06.22

(33) Country
US

(43) Publication Date : 2000.01.06

(43) Publication Journal Date : 2000.01.06

(71) Applicant(s)
Origin Medsystems, Inc.

(72) Inventor(s)
John P Lunsford; Charles Gresl Jr.; Albert K. Chin; John W Davis; Tenny Chang; Jeffrey W. Baxter

(74) Agent/Attorney
BALDWIN SHELSTON WATERS, Level 21, 60 Margaret Street, SYDNEY NSW 2000

ABSTRACT

A retractor (112) and a surgical tool are positioned within a cannula (100) and a dissection cradle (116) of the retractor is positioned at the distal end of the cannula. The retractor includes a first portion (110) with an axis approximately parallel to the axis of the cannula and a second portion (114) with an axis at an angle to the axis of the cannula. 5 The dissection cradle is located at the distal end of the second portion of the retractor, and may include two substantially parallel, spaced legs with the retractor shaped in a loop between and in a plane skewed relative to the axis of the legs, and with the loop directed away from the surgical tool. Thus, in operation when the surgeon locates a vein and side branch of interest, the surgeon extends the retractor to cradle the vein in the 10 dissection cradle. Once cradled, the retractor may be fully extended to urge the vein away from the axis of the cannula isolate the side branch for exposure to the surgical tool. In another embodiment, the cannula includes a sheath which encases the curved, resilient retractor at a first position to retain the retractor in substantially straight 15 orientation, and which encases the retractor at a second position that allows the retractor to extend at an angle relative to the axis of the cannula.

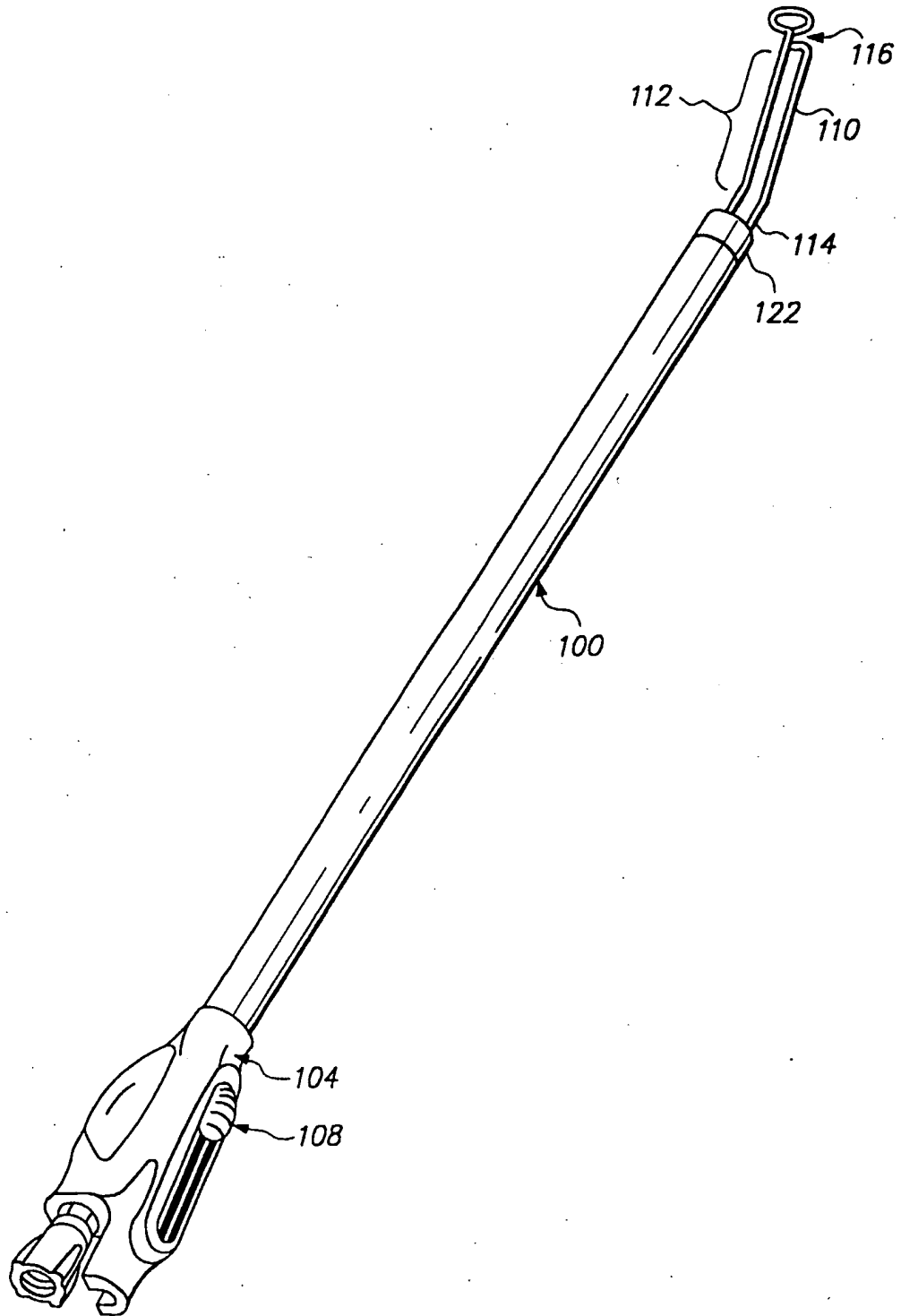


FIG. 1

AUSTRALIA

PATENTS ACT 1990

COMPLETE SPECIFICATION

FOR A STANDARD PATENT

ORIGINAL

Name of Applicant/s:	Origin Medsystems, Inc.
Actual Inventor/s:	John P. Lunsford and Charles Gresl, Jr. and Albert K. Chin and John W. Davis and Tenny Chang and Jeffrey W. Baxter
Address for Service:	BALDWIN SHELSTON WATERS 60 MARGARET STREET SYDNEY NSW 2000
Invention Title:	"VESSEL ISOLATING RETRACTOR CANNULA AND METHOD"

The following statement is a full description of this invention, including the best method of performing it known to me/us:-

File: 22391.00

Vessel Isolating Retractor Cannula and Method

Field of the Invention

This invention relates to a cannula used for vein retraction, and more particularly to a cannula and method that includes a vein retractor having a first portion that is approximately parallel to the axis of the cannula and a second portion that is positioned at an angle with respect to the axis of the cannula.

5 Background of the Invention

Certain cannulas have surgical tools located within the cannula for performing surgical operations on a vessel of interest. The cannula is inserted into a surgical site with the distal end of the cannula positioned near the vessel of interest. An endoscope positioned within the cannula allows the surgeon to view the target area, and allows the surgeon to position the surgical tool correctly.

10 However, the surgical tool may be inadequate to safely and effectively perform its operation. For example, if the target vessel is a side branch or tributary of a vein such as a saphenous vein, the surgical tool may sever or damage the vein while being used to cut the side branch. Thus, there is needed a cannula which is able to isolate the target vessel
15 of interest to allow the surgical tool to perform safely and effectively.

Summary of the Invention

In accordance with the present invention, a retractor is positioned within a cannula with a dissection cradle end of the retractor positioned at the distal end of the cannula. The retractor includes a first portion that has an axis approximately parallel to a central axis of the cannula, and a second portion that has an axis which is at an angle with respect to the central axis of the cannula. The dissection cradle is located at the distal end of the second portion of the retractor. In another embodiment, the retractor includes two legs having a substantially parallel axis that selectively protrude from the distal end of the cannula to support the dissection cradle formed in the shape of a loop that is positioned in a plane skewed relative to the axis of the legs, with a bottom of the loop directed away from the cannula. Thus, in operation, when the surgeon locates a vein and side branch of interest, the surgeon extends the retractor to cradle the vein in the dissection cradle. Once cradled, the retractor may be fully extended, pulling the vein away from the axis of the cannula, causing the side branch to be isolated and exposed to a surgical tool. The surgical tool may then be extended from within the cannula to operate on the isolated and exposed side branch.

In another embodiment, the top of the loop of the dissection cradle is flat and thin, allowing atraumatic support of the vein, and minimizing contact between the retractor and the surgical tool. In yet a further embodiment, the retractor includes a single leg with the loop formed by the one leg of the retractor, and with a stopper coupled to the distal end of the retractor. In still another embodiment, the cannula comprises a sliding tube which encases the retractor, and in a first position is extended out to encase the second

portion of the retractor, and in a second position is extended to encase only the first portion of the retractor. In response to being in the first position, the second and first portions of the retractor are both approximately parallel to the axis of the cannula. In the second position, the second portion of the retractor is at an angle to the axis of the cannula.

Brief Description of the Drawings

Figure 1 is a perspective view of a preferred embodiment of cannula 100 showing retractor 112 in an extended position.

Figure 2a is a cut-away side view of retractor 112 and cannula 100.

Figure 2b is a top view of retractor 112.

Figure 3a is a perspective side view of cannula 100 with a saphenous vein positioned within the cradle 116.

Figure 3b is a perspective side view of the distal end 122 of cannula 100 in an embodiment in which an endoscope 126 and a surgical tool 120 are present and partially extended.

Figure 3c is a front view of the distal end 122 of cannula 100 in which the surgical tool 120 and the retractor 116 are partially extended, and an endoscope 126 is present.

Figure 4a is a cut-away top view of cannula 100.

Figure 4b is a cut-away side view of cannula 100.

Figure 5a is a cut-away view of a sliding tube embodiment of cannula 100 in a first position.

Figure 5b is a cut-away view of the sliding tube embodiment of Figure 5a in a second position.

Figure 6a is a cut-away view of an embodiment of cannula 100 having an angling device 140.

5 Figure 6b is a cut-away side view of the apparatus illustrated in Figure 6a in which the retractor 112 is extended and the angling device 140 is actuated.

Figure 6c is a cut-away side view of the angling device embodiment in which the angling device 140 is in a separate lumen from the retractor 112.

10 Figure 7a is a cut-away side view of a twistable retractor 112 in a straight position.

Figure 7b is a side view of the retractor 112 of Figure 7a.

Figure 7c is a cut-away side view of twistable retractor 112 in a crossed position.

Figure 7d is a side view of the retractor 112 of Figure 7c.

Figure 8a is a cut-away side view of the handle 104.

15 Figure 8b is a cut-away side view of an alternate embodiment of handle 104.

Figure 9a is a side view of cradle 116.

Figure 9b illustrates a first alternate embodiment of cradle 116.

Figure 9c illustrates multiple views of a second alternate embodiment of cradle 116.

20 Figure 9d illustrates multiple views of a third alternate embodiment of cradle 116.

Figure 9e illustrates multiple views of a fourth alternate embodiment of cradle 116.

Figure 9f illustrates multiple views of a fifth alternate embodiment of cradle 116.

Figure 9g illustrates multiple views of an embodiment of cradle 116 having a spur.

Figure 10a illustrates a top view of an embodiment of the cradle 116 of Figure 9c without a "C" ring.

Figure 10b illustrates a side view of the cradle 116 of Figure 10a.

Figure 10c illustrates a top view of the cradle 116 of Figure 9c with the "C" ring attached.

Figure 10d illustrates a side view of the cradle 116 of Figure 10c.

Detailed Description of the Preferred Embodiments

Figure 1 illustrates a perspective view of a preferred embodiment of cannula 100 showing retractor 112 in an extended position. Cannula 100 includes an outer housing 102 of bioinert material such as polymed UD that may be approximately 12" to 18" in length. The proximal end of the cannula 100 is disposed in handle 104 that includes a button 106 which is coupled to retractor 112 for controlling the translational movement of retractor 112, as described in more detail below.

The distal end of the cannula houses a retractor 112, and optionally an endoscope 126 and a surgical tool 120, described below. Figure 2a illustrates the retractor 112 in more detail. In one embodiment, retractor 112 is formed of resilient wire which has a smooth bend intermediate to a first portion 110 and a second portion 114 of the retractor. The retractor 112 is described as having two portions for ease of description, although the retractor 112 may be formed as an integrated structure. However, retractor 112 may also

be manufactured from two separate portions 110, 114 that are coupled together. The first portion 110 of the retractor 112 is positioned within the cannula 100 with the axis 111 of the first portion 110 approximately parallel to the axis 101 of the cannula 100. The second portion 114 is positioned to bend away from the central axis 101 of the cannula.

5 The angle 117 of displacement between the axis 115 of the second portion and the central axis 101 of cannula 100 may be any angle from zero to 180 degrees. The second portion 114 includes a dissection cradle 116 at the distal end of the second portion 114. The retractor 112 may be formed of bioinert material such as stainless steel, or a polymer such as nylon or polyetherimide, or other appropriately strong and springy plastic. In one

10 embodiment, the retractor 112 includes a coating for lubrication, insulation, and low visual glare using, for example, parylene or nylon 11.

Figure 2b illustrates the retractor 112 formed with two legs. The legs 141, 142 of the retractor 112 at the distal end form the dissection cradle 116 in a loop or "U" shape, as shown in Figure 2a. The top portion 144 of the U-shaped bend is preferably flattened

15 to provide additional surface area for atraumatically supporting a vein 118 or vessel of interest. The side arches 128 of the dissection cradle 116 are used for skeletonizing or dissecting the vein from the surrounding tissues, as well as acting as walls to keep the vessel captured within the arch. The several embodiments of dissection cradle 116 are described in more detail below.

20 Figure 3a illustrates a perspective view of the cannula 100 in accordance with the present invention with the retractor fully extended, holding a saphenous vein 118, and also illustrates an external surgical tool 120 disposed adjacent the cannula 100 for performing a surgical operation, for example, severing a tributary or side branch of the

vein 118. The vein is positioned within the side arches 128 of the cradle 116. The dissection cradle 116 may be used to cradle a vein, vessel, tissue or organ of interest, and surgical tool 120 may be any surgical tool suitable for performing a surgical procedure near the dissection cradle 116.

5 Figure 3b illustrates a perspective view of cannula 100 in an embodiment in which the surgical tool 120 is positioned within the cannula 100, and an endoscope 126 is present. In this embodiment, cradle 116 preferably overlays the endoscope 126 with sufficient clearance to facilitate relative movements thereof. However, the endoscope may also be located adjacent the surgical tool 120. In one embodiment, endoscope 126 is
10 positioned with cannula 100 to allow a clear field of view upon extension of the retractor 112. Surgical tool 120 is illustrated as scissors, used to sever a tributary or side branch of a saphenous vein 118. In this embodiment, surgical tool 120 is maximally displaced from the cradle 116 at the cannula end 122. More specifically, as shown in Figure 3c, the "U"-shaped loop 129 of the cradle 116 is closest to the surgical tool 120. This ensures that a
15 vein 118 or other tissue of interest is retracted away from the surgical tool 120 to facilitate manipulating the surgical tool 120 relative to the side branch or other tissue.

Figure 4a is a cut-away top view of cannula 100. The retractor 112 is slidably positioned within minor lumens 113 along the length of the cannula 100 within close tolerances in order to position the retractor 112 stably within the cannula 100. For
20 example, in one embodiment retractor legs 141, 142 are approximately .045 inches in diameter and the lumens 113 encasing the legs 141, 142 are approximately .080 inches in diameter, as friction between the legs of the retractor 112 and the lumens 113 holds the retractor stably within the cannula. This configuration restricts rotational movement of

the retractor to provide more stable retraction as compared with conventional retractors.

The legs 141, 142 of the retractor 112 are formed of flexible, resilient material and are retained within the lumen 113 in substantially straight or flat orientation, but may return to a material bend or curve, as illustrated in Figure 5a, as the retractor 112 is extended
5 from the distal end of the cannula 100.

The leg 141 of the retractor 112 passes through a sliding gas or fluid seal 130 at the proximal end of the lumen 113. The leg 141 of the retractor 112 passes out of the cannula 100 and into handle 104 for attachment to a slider button 106 for facilitating translational movement of the retractor 112 from the proximal or handle end of the
10 cannula 100. However, other types of control devices such as knobs, grips, finger pads, and the like may be linked in conventional ways to the retractor 112 in order to manually control the translational movement of retractor 112. In one configuration, the proximal end of leg 141 is bent relative to the axis of the cannula, and the button 106 is attached to the bent position of the leg 141 to facilitate moving the button 106 and the retractor 112
15 translationally under manual control. The button 106 preferably includes lateral grooves to prevent finger or thumb slippage during sliding manipulation of the retractor 112.

Thus, in the operation of a preferred embodiment, a user actuates the slider button 106 to extend retractor 112 out of the lumen 113 at the distal end of the cannula 100. In one embodiment, the resilient retractor 112 is formed in a smooth bend, as shown in
20 Figure 2a, and gradually deflects away from the central axis 101 of the cannula 100 as the retractor is extended. Upon encountering the target vessel or tissue of interest, the vessel is restrained in the cradle 116, and a lateral resilient force is exerted on the target vessel in a direction away from the cannula. The vessel is thus pushed away from the axis of the

cannula 100, isolating it from surrounding tissue or adjacent vessels such as tributaries or side branches. As a tributary is thus isolated, a surgical tool 120 such as cauterizing scissors may be safely employed to operate on the tributary without harming the saphenous vein 118. When retracted into the cannula 100, the retractor 112 is again
5 resiliently straightened or flattened.

In an alternate embodiment as illustrated in Figures 5a and 5b, a sliding tube 132 is added to provide operational versatility to cannula 100. In a first position, the sliding tube 132 is retracted and the retractor 112 protrudes from the distal end at an angle with respect to the central axis 101 of the cannula 100. In a second position, the sliding tube
10 132 is extended out, temporarily straightening the retractor 112. As illustrated in Figure 5a, a sliding tube 132, in a first position encases the retractor 112 up to the point at which the retractor 112 curves away from the central axis 101 of the cannula thus allowing the retractor 112 to displace and isolate a target vessel. The proximal end of the sliding tube 132 is linked to button 107 for translationally moving retractor 112 as well as actuating
15 the sliding tube 132. In one embodiment, as illustrated in Figure 5a, the sliding tube 132 is in a first position with the button 107 in an upright position. A spring 134 is coupled between a support structure 135 and the proximal end 137 of the sliding tube 132. In the first position of sliding tube 132, the spring 134 is extended fully and exerts little or no force on the sliding tube 132. Of course, sliding tube 132 may be manually manipulated
20 without linkage to a button 107.

To extend the sliding tube 100, button 107 is pushed down. As illustrated in Figure 5b, the button 107 has a cam surface 136 which pushes on the proximal end 137 of the sliding tube 132 as the button 107 is pressed. The sliding tube 132 is pushed forward.

overcoming the resilient force of spring 134, to encase the retractor 112 and decrease angle 117 between the distal end of the retractor 112 and the central axis 101 of the cannula 100. Upon releasing the button 107, the spring force urges the proximal end 137 of the sliding tube 132 back toward the first position against button 107. The sliding tube 5 132 is formed of material having sufficient strength to force the retractor 112 to straighten out the angle 117, and the retractor 112 is formed of resilient material having a sufficient flexibility to straighten out the angle 117 in response to a tube 132 being slid over the retractor 112, but having sufficient rigidity to cradle and dissect a target vessel.

Resiliency of the retractor 112 ensures return to the downwardly-curved shape after being 10 released from tube 132. Thus, in accordance with this embodiment, a user may employ the curved retractor for certain applications and employ the straightened form for other applications. A manual actuator may be configured in other ways than button 107 to extend the sliding tube 132 in response, for example, to being pulled up instead of pushed down.

15 Another embodiment employs a retractor 112 which has a naturally straight shape. As illustrated in Figures 6a and 6b, an angling device 140 is disposed between the distal end of the retractor 112 and the proximal end of the cannula. The angling device 140 may be positioned within the same lumens 113 as the retractor 112 and preferably may comprise two wires coupled to points below the cradle 116 of the retractor 112 20 substantially in parallel positions on each of the legs 141, 142.

Upon extending the retractor 112 using button 106, the angling device 140 is extended with the retractor 112. The angling device 140 is coupled to a handle 145 at the proximal end of the cannula 100 to facilitate establishing an angle in the retractor 112 by

pulling with a backward force on the angling device 140. As illustrated in Figure 6b, after the retractor 112 is extended, the angling device 140 is actuated and a bend is created in the retractor 112 as the backward force exerted on the distal end of the retractor is exerted against the relatively fixed position of the retractor legs 141, 142 disposed within the lumens 113. As shown in Figure 6c, the angling device 140 may also be located in a separate lumen 202 from the retractor 112 with part of the angling device 140 positioned outside of the cannula 100 when the retractor 112 is in the retracted position.

Figure 7a illustrates another embodiment of cannula 100 in which the retractor 112 is pre-formed with one leg 141 of the retractor 112 bent at an angle at its proximal end skewed to the axis of the distal end of the other leg 142. The bent portion of the leg 141 may be linked to a sliding knob 147 for convenient manual manipulation of this embodiment of the invention. Upon sliding the knob 147, the leg 142 coupled to knob 147 is twisted rotationally. The two legs 141, 142 of retractor 112 are coupled together via cradle 116. The axis of the second portion of the retractor 112 in the first position is at a first angle 117 to the axis of the cannula 100, as shown in Figure 7b. As knob 147 is moved, leg 141 is rotated and crosses under leg 142, as shown in Figure 7c. This causes cradle 116 to flip 180 degrees and bends the retractor 112 at a second angle 119, as shown in Figure 7d. Thus, if a vessel is disposed on one side of cradle 116 or cannula 100 while the retractor 112 is in the first position, then upon rotating the knob 147, the vessel is transported to the other side of the cannula 100. This allows the user to isolate the vessel by simply actuating knob 147.

Figure 8a illustrates a cut-away side view of button 106 on the handle 104 of cannula 100, with an endoscope 126 positioned within cannula 100. As mentioned

above, button 106 is coupled to one leg 141 of the proximal end of retractor 112. Sliding the button 106 in groove 146 translationally moves the retractor 112. Groove 146 is preferably minimally wider than the shaft of button 106 to minimize excessive horizontal movement of button 106 while still allowing smooth translational movement of button

5 106. As illustrated in Figure 8b, the button 106 may include locking or ratcheting teeth 152 to give tactile feedback of its location, and to positively retain the button and the associated leg 141 in an extended or retracted position. Several mating teeth 148 are located underneath groove 146, and a spring member 150 is attached to button 106 to exert pressure against the base of groove 146, to engage mating teeth 148, 152. When a

10 force is applied on the top of button 106, the interlocking sets of teeth are disengaged and button 106 can move freely. Upon achieving the desired extension or retraction of the leg 141, button 106 is released and is retained place by the engaged teeth 148, 152.

Figure 9a illustrates a top view of cradle 116 in an embodiment in which the cradle 116 is formed by two legs 141, 142 of retractor 112. The distal end of the legs

15 form "U"-shaped side guides. The top 144 of the distal portion of the "U" is preferably flattened. This provides atraumatic support for the target vessel retained within cradle 116. Additionally, by minimizing the thickness of distal portion 144, contact with other devices in close proximity with retractor 112 is minimized.

The cradle 116 may have other effective shapes, for example, as illustrated in

20 Figure 9b in which a "C" ring element is attached to legs of the cradle 116. The "C" ring may have a small hole 200 in one side with an axis approximately parallel to the axis of the retractor 112. This hole 200 is used to hold suture or other ligating materials, and may also be used as a knot pusher. As shown in Figures 10a and 10b, in an alternate

embodiment of the embodiment of Figure 9b, the retractor 112 is formed and flattened and a "C"-shaped ring is coupled to the retractor 112 by, for example, gluing or molding the "C" ring to the distal end of the retractor 112, as shown in Figure 10c and 10d.

Referring back to Figures 9c, 9d, and 9e, the side guides of the cradle may include
5 a loop 129 in a "V" shape, an arced "U" shape, or a semi-circular shape. In one embodiment, as illustrated in Figure 9f, the retractor 112 has only one leg 141, and the cradle 116 is formed by the leg 141. A stopper 160 is coupled to the end of the leg 141 to serve as a guide to retain the target vessel, and add a blunt surface to the end of the wire, for example, for pushing and probing tissue. Figure 9g illustrates a retractor 112 having
10 a spur 204 formed in one or both legs 141, 142 for allowing the retractor 112 to be used for dissection. Sinusoidal, half-sinusoidal, and other geometric configurations may be used equally effectively as the shape of loop 129 in accordance with the present invention.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS :

1. A surgical apparatus comprising:

an elongated cannula having a central axis between distal and proximal ends. and

a retractor, slidably supported by the cannula for translational movement

5 substantially aligned with the central axis and having a first portion disposed near the proximal end of the cannula and a second portion disposed near the distal end of the cannula, the second portion having a dissection cradle positioned at the distal end of the second portion and projecting away from the central axis of the cannula upon slidable extension thereof forward of the distal end of the
10 cannula.

2. The apparatus of claim 1 wherein the retractor comprises two legs, and the dissection cradle is formed between the two legs having substantially parallel axes at the distal end of the retractor in the shape of a loop positioned in a plane skewed relative to
15 the axes of the legs, and a portion of the loop between the two legs is directed away from the central axis of the cannula.

3. The apparatus of claim 2 in which the portion of the retractor forming the loop of the dissection cradle is substantially flattened.

4. The apparatus of claim 3 wherein the thickness of the portion of the cradle forming the loop is less than the width of the legs.
5. The apparatus of claim 1 wherein an angle between the second portion of the retractor and the central axis of the cannula is between approximately zero and approximately ninety degrees.
6. The apparatus of claim 1 wherein the retractor includes one leg, and the dissection cradle is formed with respect to the one leg of the retractor, further comprising:
 - a stopper, disposed on the distal end of the retractor for guiding a target vessel in the dissection cradle.
- 10 7. The apparatus of claim 1 further comprising:
 - a tube having a first end positioned near the proximal end of the cannula and a second end positioned near the distal end of the cannula and being slidably disposed on the cannula to encase the retractor in a first position and to encase a portion of the retractor in a second position; the retractor having a resilient shape and being responsive to the tube in the first position to extend forward of the distal end of the cannula in approximately parallel orientation relative to the central axis of the cannula, and being responsive to the tube in the second position to extend forward of the distal end of the cannula at an angle with respect to the central axis of the cannula.

8. The apparatus of claim 7 further comprising:

a handle, disposed on the proximal end of the cannula and including
an actuator button, linked to the proximal end of the sliding tube
and having a first operating state in which the sliding tube
is extended towards the distal end of the cannula, and
having a second operating state in which the tube is
retracted relative to the distal end of the cannula.

5

9. The apparatus of claim 2 wherein the loop is disposed within the plane
substantially in a "U" shape.

10. The apparatus of claim 2 wherein the loop is disposed within the plane
substantially in a "V" shape.

11. The apparatus of claim 2 wherein the loop is disposed within the plane
substantially in a "C" shape.

12. The apparatus of claim 2 wherein the legs are spaced apart and the loop is
disposed between the legs near distal ends thereof.

13. The apparatus of claim 12 wherein the loop includes a body having arms forming the loop, and including a hole disposed through an arm in substantial alignment with a leg for holding surgical material therein.

14. The apparatus of claim 1 further comprising:

5 a button coupled to the proximal end of the retractor and positioned near the proximal end of the cannula for translationally moving the retractor relative to the cannula in response to manual actuation of the button.

10 15. The apparatus of claim 14 wherein the button further comprises ratcheting teeth for mating with corresponding teeth disposed relative to the proximal end of the cannula for retaining the retractor at a preferred extension relative to the distal end of the cannula and for providing tactile feedback of the translational movement of the retractor relative to the cannula.

16. The apparatus of claim 1 comprising:

15 an angling device having a distal end coupled to the retractor near the distal end thereof;
an actuating knob, coupled to a proximal end of the angling device for bending the dissection cradle away from the axis of the cannula in response to manipulation of the knob relative to the cannula.

17. The apparatus of claim 1 comprising:

a surgical tool positioned within the cannula near the distal end of the
cannula having an operable end positioned near the distal end of
the cannula controlled from near the proximal end of the cannula,

5

and

the dissection cradle projects away from the surgical tool upon extension
of the retractor relative to the cannula.

18. The apparatus of claim 1 comprising:

an endoscope, positioned within the cannula near the distal end of the cannula for
transmitting images of a surgical site to a remote location within a field of
view; and

10

the retractor bends away from the field of view of the endoscope upon extension
of the retractor relative to the cannula.

19. The apparatus of claim 2 wherein the retractor is an integrated structure.

15 20. A surgical apparatus for manipulating tissue at a remote surgical site, comprising:

an elongated cannula having a central axis extending between distal and
proximal ends, and

a retractor, translationally supported by the cannula having a first portion disposed near the distal end of the cannula and a second portion disposed near the proximal end of the cannula, the first portion having a dissection cradle positioned at the distal end of the first portion and being angled away from the central axis, and the second portion having an axis approximately parallel to the central axis of the cannula to facilitate translational manipulation of the dissection cradle from near the proximal end of the cannula.

5

21. The apparatus of claim 20 wherein the retractor is located eccentric the central axis of the cannula, and is selectively slidably displaced relative to the central axis of the cannula, the retractor further comprising:

10

a first leg, having an axis substantially parallel to the central axis of the cannula, and having a distal end disposed forward of distal end of the cannula;

15

a second leg, having an axis substantially parallel to the central axis of the cannula, and spaced from the first leg; a dissection cradle attached to the distal ends of the first and second legs; and the second leg having a distal end that is skewed relative to the axis of the proximal end of the second leg that is mounted relative to the cannula for selective rotation of the proximal end of the second legs to rotate the dissection cradle responsive to rotation of the proximal end of the second leg.

20

22. A method of surgery with a cannula including a retractor having a dissection cradle positioned on the distal end of the retractor, the distal end of the retractor having an axis at an angle relative to the axis of the cannula, the method comprising:

resiliently supporting the retractor on the cannula for selectively

translating the retractor relative to the cannula;

inserting the distal end of the cannula within a surgical site; and

translating the retractor relative to the cannula in response to manipulation

of the proximal end of the retractor relative to a central axis of the

cannula for selectively extending the distal end of the retractor at

an angle relative to the central axis of the cannula.

23. A surgical apparatus substantially as herein described with reference to any one of the embodiments of the invention illustrated in the accompanying drawings.

24. A method of surgery substantially as herein described with reference to any one of the embodiments of the invention illustrated in the accompanying drawings.

DATED this 15th Day of June 1999.

ORIGIN MEDSYSTEMS, INC.

Attorney: JOHN DOUGLAS FORSTER
Fellow Institute of Patent and Trade Mark Attorneys of
Australia of BALDWIN SHELSTON WATERS

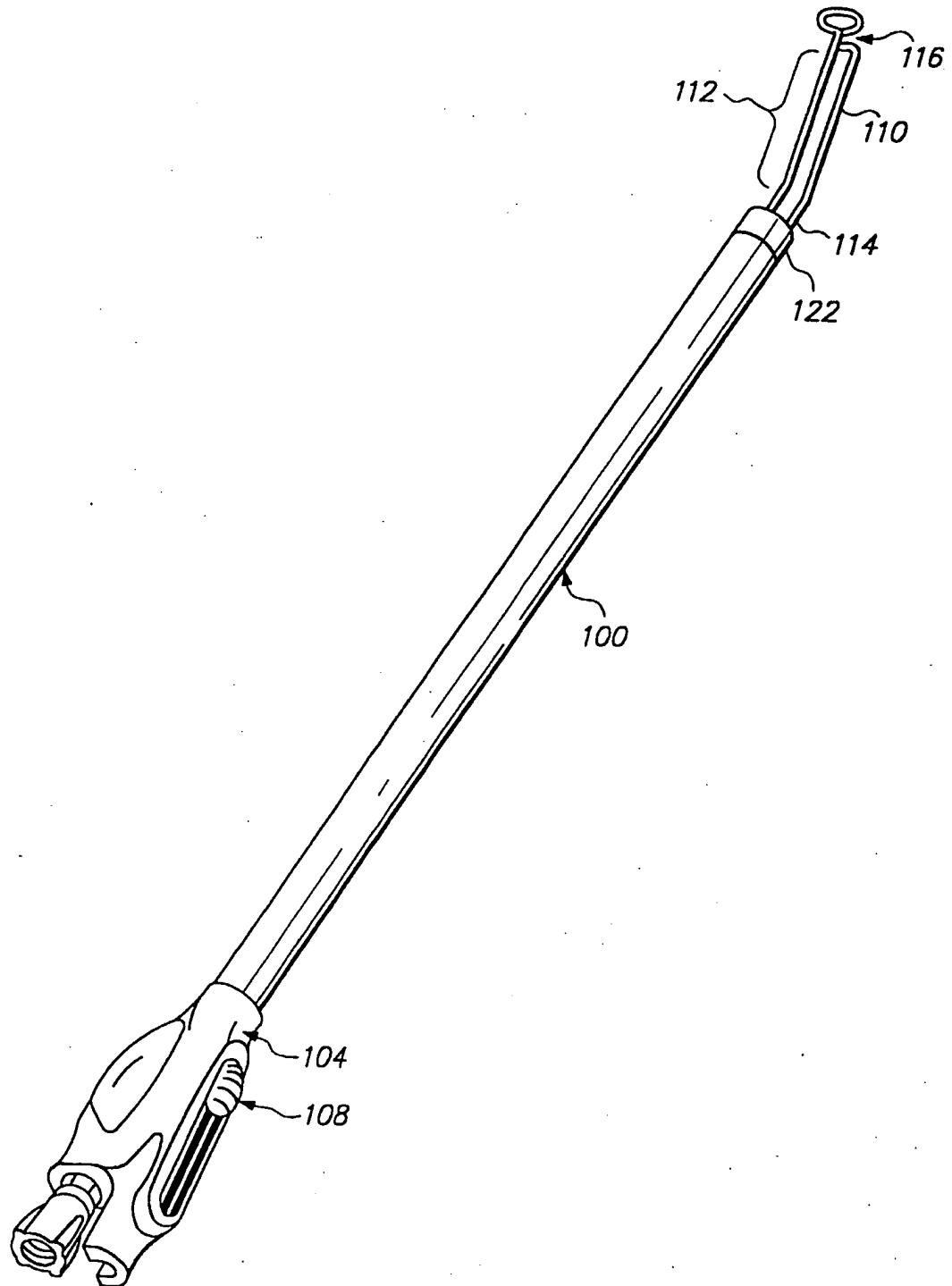
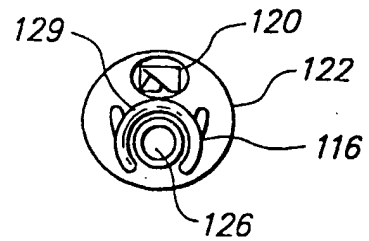
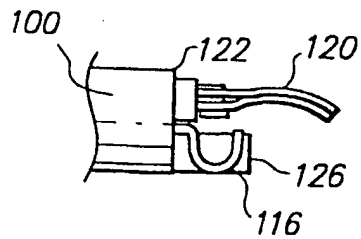
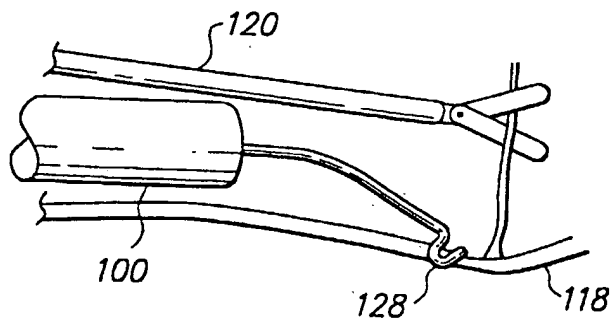
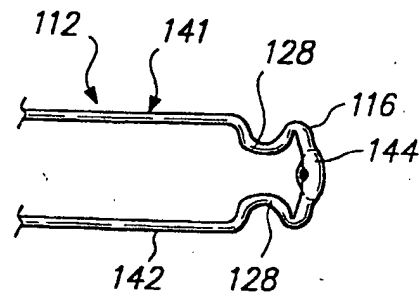
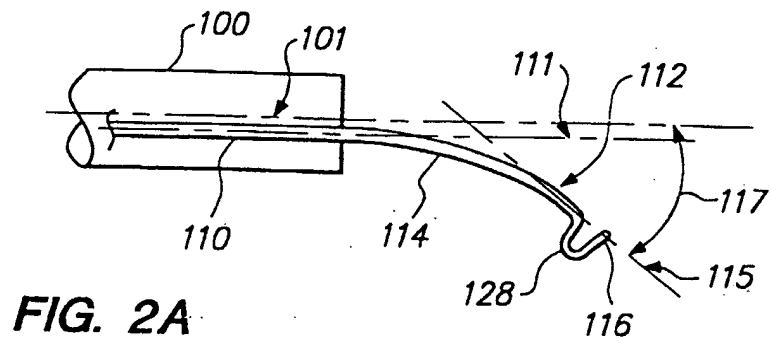


FIG. 1



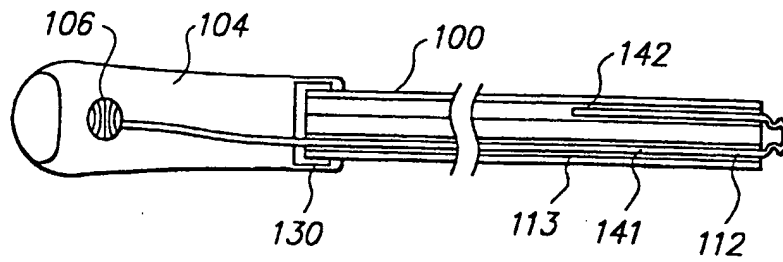


FIG. 4A

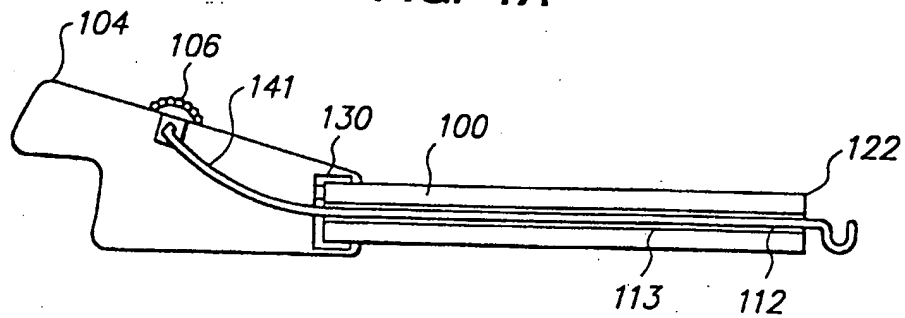


FIG. 4B

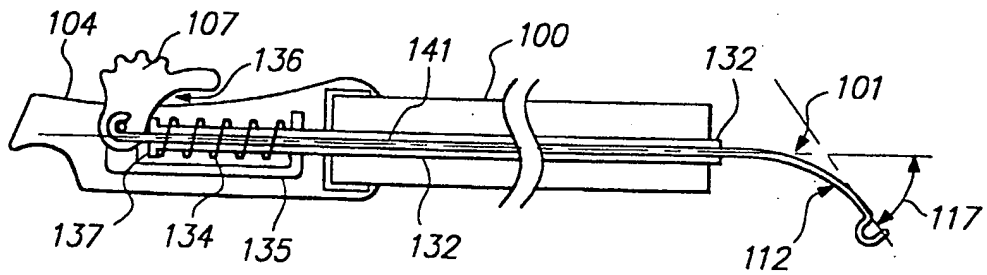


FIG. 5A

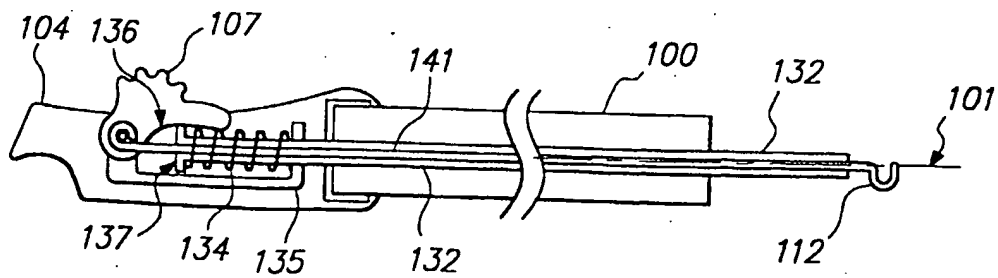


FIG. 5B

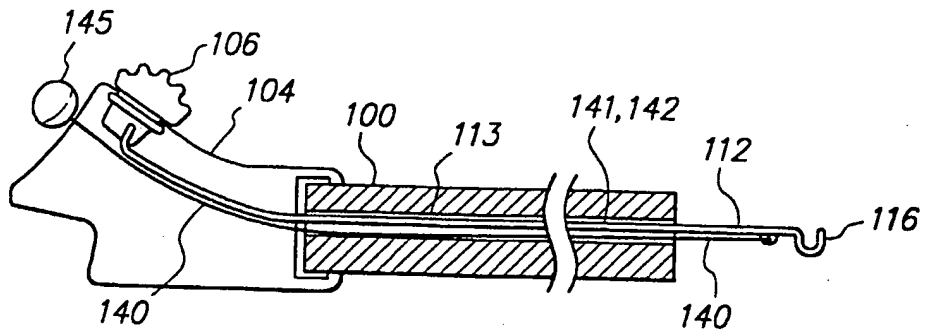


FIG. 6A

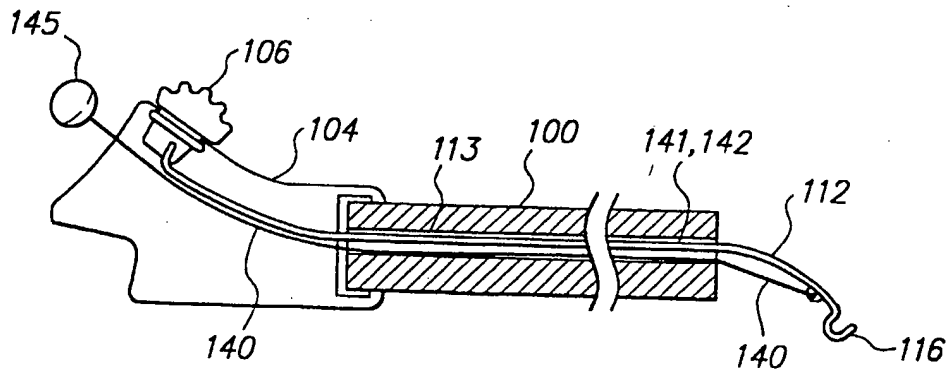


FIG. 6B

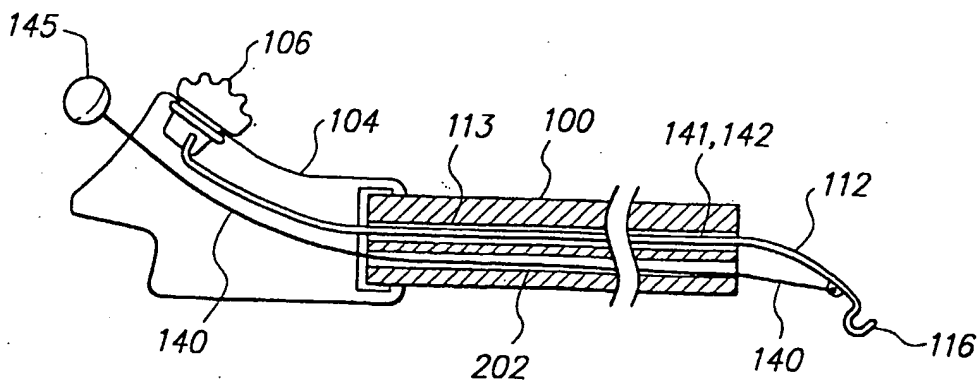


FIG. 6C

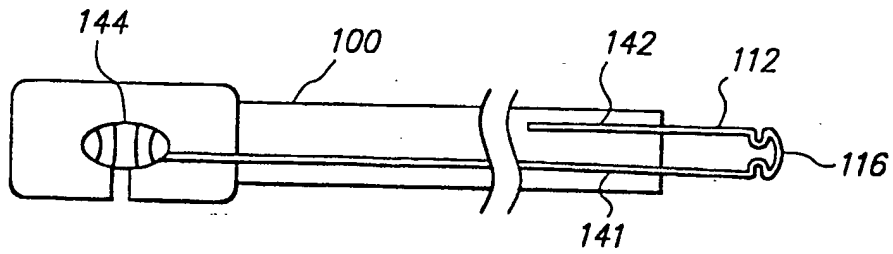


FIG. 7A

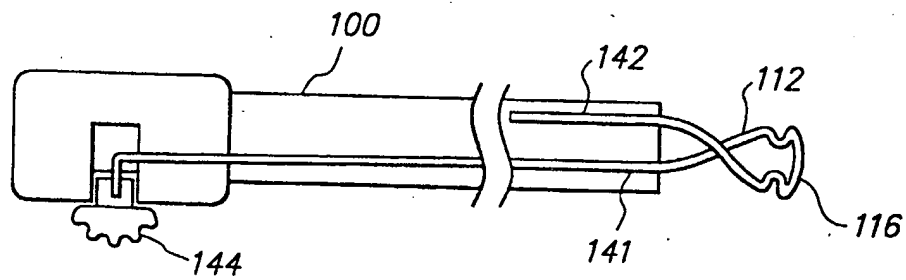


FIG. 7C

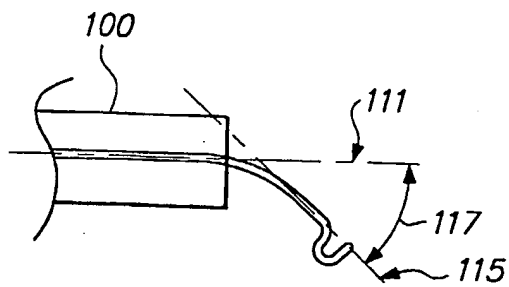


FIG. 7B

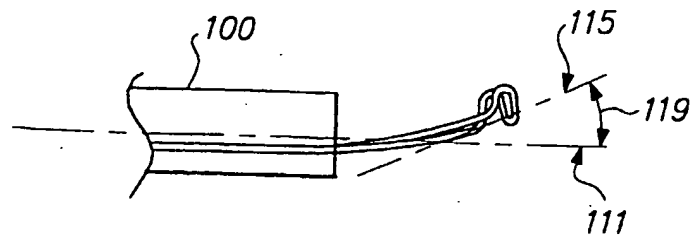


FIG. 7D

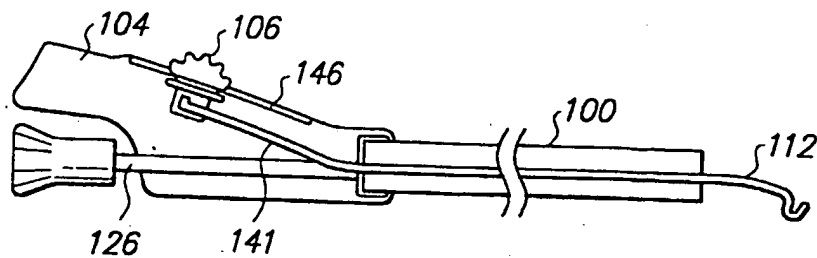


FIG. 8A

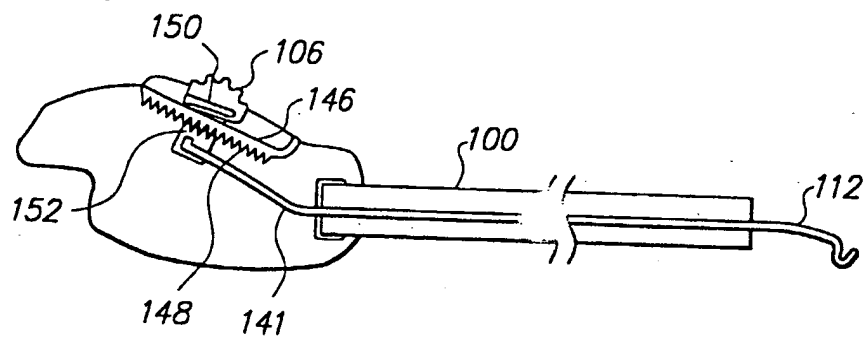


FIG. 8B

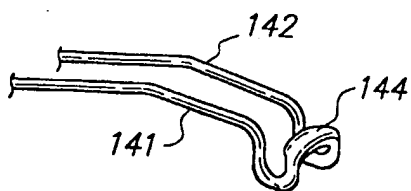


FIG. 9A

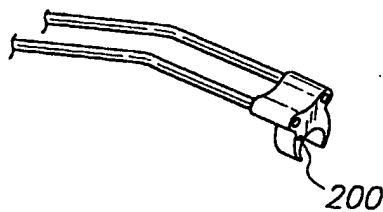
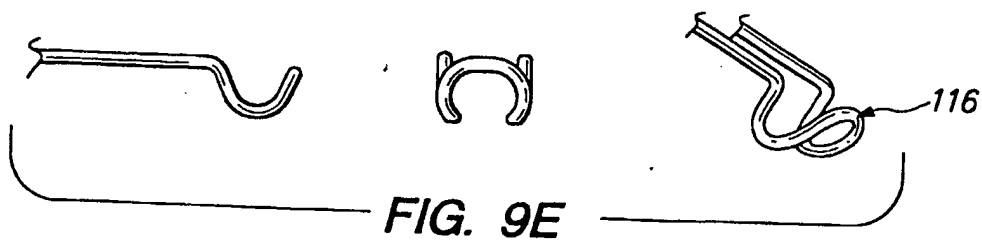
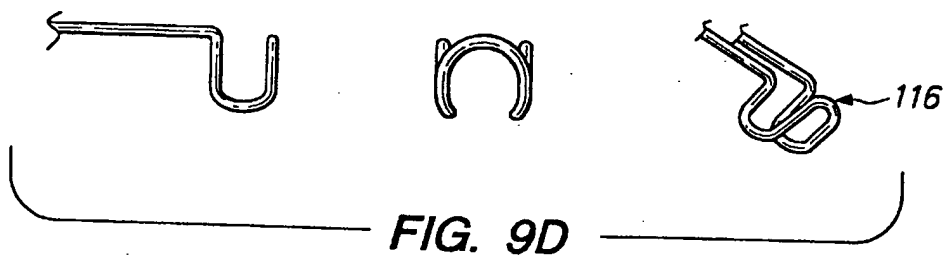
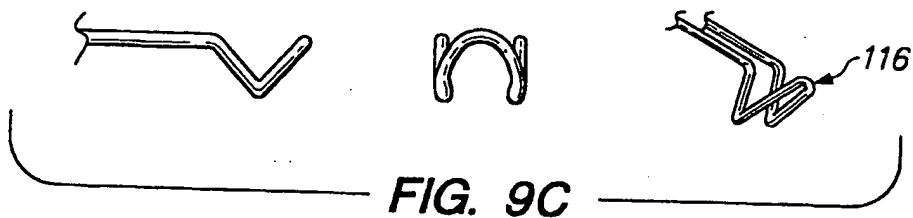


FIG. 9B



50
51
52
53

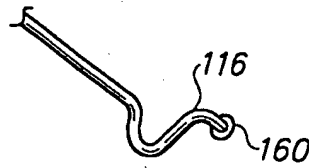


FIG. 9F

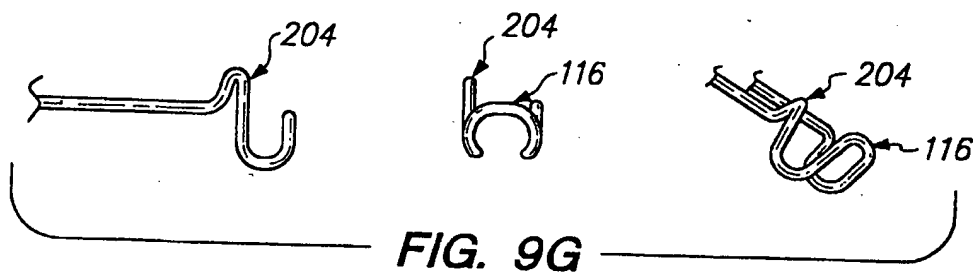


FIG. 9G

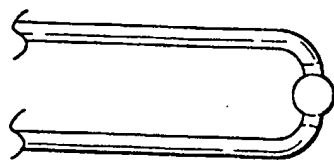


FIG. 10A



FIG. 10B

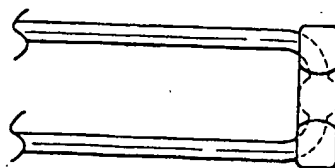


FIG. 10C

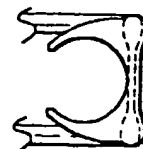


FIG. 10D